NOTICE OF ACTION

COUNTY OF

Notice Date : __

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(ADDRESSEE)	Name : Number : Worker Name : Number : Telephone: Address : Questions? Ask your Worker. State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.
As of	YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER. Child(ren): rate X
Rules: These rules apply. You may review them at your welfare office: Welfare and Education Code Sections: 8350-8353, 8357. WIC 11322.9, 11323.6, 11323.8 and 11324.	

NA 832 (4/99) RECOMMENDED Page 1 of ___